

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P96000070873**

1. Corporation Name  
**BURN-TECHS, INC.**

Principal Place of Business  
**1947 S. CAROLINA AVE NE  
ST. PETERSBURG FL 33702**

Mailing Address  
**1947 S. CAROLINA AVE NE  
ST. PETERSBURG FL 33702**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	<b>08/23/1996</b>
5. FEI Number	<b>59-3408942</b>
Applied For	
<input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
<b>\$6.75 Additional Fee required for a Certificate of Status</b>	

**FILED**

97 OCT 31 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WALLACE, MICHAEL	1947 S. CAROLINA AVE NE	ST. PETERSBURG FL 33702

500002340015--8  
-11/06/97--01049--020  
\*\*\*\*750.00 \*\*\*\*750.00

*MB*  
*11-3-97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

<b>WALLACE, MICHAEL LLOYD</b> <b>1947 S. CAROLINA AVE NE</b> <b>ST. PETERSBURG FL 33702</b>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Michael Wallace*

Date **10/27/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes  No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(l), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Michael Wallace*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10-27-97 (813) 232-8440**

Date Daytime Phone #

CR2E040 (8/97)